



BLYTHEWOOD
• SOUTH CAROLINA •

Office Use Only	Date Received: _____	Appeal Number: _____
	Staff Initial: _____	Invoice #: _____

TOWN OF BLYTHEWOOD | ZONING DIVISION
171 Langford Road | Blythewood, SC 29016
Office: 803-754-0501

APPLICATION FOR ADMINISTRATIVE APPEAL

TOWN OF BLYTHEWOOD

BOARD OF ZONING APPEALS

Property Information		
Address of Subject Property: _____		
Tax Map Number(s): _____	Zoning District: _____	Overlay District: _____

Applicant Information		
Applicant: _____		
Name of Company (if applicable): _____		
Mailing Address: _____		
City: _____	State: _____	Zip: _____
E-mail Address: _____		Phone: _____

Are you the Property Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If No, please complete the following section and obtain a proper signature</i>
<i>As the property owner, I hereby appoint the above listed applicant as my agent to represent myself in this application.</i>	
Signature of Property Owner: _____	Date: _____
Print Name of Property Owner: _____	
Mailing Address: _____	
E-mail Address: _____	Phone: _____

APPEAL PROCEDURE:
Any person aggrieved by a decision of the Zoning Administrator may appeal that decision to the Board of Zoning Appeals in writing on a form provided by the Zoning Administrator within 15 days after actual notice of the decision. An appeal stays the implementation of the decision of the Zoning Administrator unless he or she certifies to the Board that a stay would cause imminent peril to life or property. The Board may affirm or reverse, wholly or in part, or may modify the decision by a written order separately stating finds of fact and conclusion of law (§ 155.466 A).

APPLICATION DEADLINE:
Applicants must fully complete applications and submit by the application deadline (please refer to the official BZA Calendar of Regular Meetings, available on our web site www.townofblythewoodsc.gov). Any failure to submit a complete application or to provide requested documentation may result in applications being returned, withdrawn, or their case to be scheduled at a later date. An application is not complete unless all applicable sections are answered and the associated fee is provided.

APPLICATION FEE: <i>Please attach the required application fee upon submittal of this application</i>	
Zoning Appeals	\$100.00

CASE #: _____

Description of Appeal:

Explain your appeal request. Please provide the specific section of the Town of Blythewood Zoning Ordinance of which this appeal is requested. To find the applicable section please see Chapter 155 of the Town of Blythewood Code of Ordinances, which is available online at www.townofblythewoodsc.gov. You may attach a separate sheet if necessary.

1. As the applicant, I (we) hereby appeal to the Board of Zoning Appeals from the action of the Zoning Administrator affecting the above mentioned property on the grounds that:

2. The above mentioned determination was erroneous and contrary to provisions of the zoning ordinance; or other action or decision of the Zoning Administrator was erroneous as follows:

3. As the applicant, I (we) have been affected by this decision in that:

4. As the applicant, I (we) contend that the correct interpretation of the zoning ordinance as applied to the property is:

5. As the applicant, I (we) request the following relief:

By signing below, I hereby certify that I have read this application and the information supplied herein is true and correct to the best of my knowledge.

Applicant Signature: _____ Date _____

The Board of Zoning Appeals conducts public hearings on the third Monday of each month at 6:30 PM at Town Hall, 171 Langford Road, Blythewood, South Carolina, 29016.